#### Case 19-23417-JNP Doc 53 Filed 10/09/20 Entered 10/09/20 13:28:09 Desc Main Document Page 1 of 7

Fill in this inform	mation to identify your o	case:	
Debtor 1	Morgan P Levally		
	First Name	Middle Name	Last Name
Debtor 2	Patricia E Levally		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Ba	inkruptcy Court for the:	DISTRICT OF NEW JERSEY	
Case number (if known)	19-23417		

Check if this is an amended filing

### Official Form 106Sum

	ficial Form 106Sum		
Su	mmary of Your Assets and Liabilities and Certain Statistical Information	1	2/15
info	s complete and accurate as possible. If two married people are filing together, both are equally responsible for mation. Fill out all of your schedules first; then complete the information on this form. If you are filing amended original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.		
Par	1: Summarize Your Assets		
		Your as	ssets f what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	150,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	17,350.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	167,350.00
Par	2: Summarize Your Liabilities		
		Your lia Amount	bilities you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	57,788.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	415,492.74
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	179,716.17
	Your total liabilities	\$	652,996.91
Par	3: Summarize Your Income and Expenses		<u> </u>
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	9,061.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	3,680.00
Par	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your	other sch	edules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	personal,	family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this be	oox and su	bmit this form to
O#:	Company of Very Assets and Lish William and Octable Obtained in Company	_	1 0

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

# Case 19-23417-JNP Doc 53 Filed 10/09/20 Entered 10/09/20 13:28:09 Desc Main Document Page 2 of 7

Debtor 1 Morgan P Levally
Debtor 2 Patricia E Levally

Case number (if known) 19-23417

the court with your other schedules.

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

6,461.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

Fill	in this information to identify your ca	ase:							
Deb	otor 1 Morgan P Le	evally			_				
	otor 2 Patricia E Le	evally			_				
Uni	ted States Bankruptcy Court for the	: DISTRICT OF NEW J	ERSEY		_				
Cas	se number 19-23417				Cł	neck if this is:			
(If kr	nown)		-			An amende	d filing		
								ing postpetition following date:	
0	fficial Form 106I					MM / DD/ Y	YYY		
S	chedule I: Your Inc	ome							12/15
atta	use. If you are separated and you ch a separate sheet to this form.  Describe Employment  Fill in your employment information.	On the top of any additi	onal pages, write you  Debtor 1	r name	and case	number (if	known).	Answer every	question
	If you have more than one job.		■ Employed			■ Emplo		3 -	
	attach a separate page with information about additional	Employment status	☐ Not employed			□ Not e	-		
	employers.	Occupation	Welder						
	Include part-time, seasonal, or self-employed work.	Employer's name	MidAtlantic Mari	ne		Cooper	Hospit	al	
	Occupation may include student or homemaker, if it applies.	Employer's address	Tuckerton, NJ			1 Coop Camde			
		How long employed to	here?			<u>s</u>	tarted 8	3/18	
Par	Give Details About Mor	nthly Income							
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to re	oort for	any line, w	rite \$0 in the	space. Iı	nclude your noi	n-filing
	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information	for all e	mployers	for that perso	n on the	lines below. If	you need
					For I	Debtor 1		ebtor 2 or iling spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	9,381.00	\$	2,794.00	
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.00	+\$	0.00	
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$ 9	,381.00	\$	2,794.00	

Official Form 106l Schedule I: Your Income page 1

	tor 1 tor 2	Morgan P Levally Patricia E Levally	-		Case	number ( <i>if known</i> )	19	9-23417		
	Сор	y line 4 here	4.		For	Debtor 1 9,381.00	-	For Debtor		
5.	List	all payroll deductions:								
	5a. 5b. 5c. 5d. 5e.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance	56 56 56 56	b. c. d.	\$ \$ \$ \$	2,075.00 0.00 0.00 0.00 0.00	- - -	66 66	285.00 0.00 0.00 0.00	0 0 0
	5f. 5g. 5h.	Domestic support obligations Union dues Other deductions. Specify: Miscellaneous	5f 5g 5l		\$ \$	0.00 325.00 429.00	_ {	\$ 	0.00 0.00 0.00	0
6.	Δdd	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	— 6.		\$ \$	2,829.00	-		285.0	_
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$ \$	6,552.00	-		,509.0	
8.		all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Pension or retirement income	88 81 86 86	a. b. c. d. e.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00	-		0.00 0.00 0.00 0.00 0.00	0 0 0 0 0
	8h.	Other monthly income. Specify: VA Disability*	_ 8l	h.+	\$	1,068.00	_ + 5	β	0.0	0
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	. [	\$	1,068.00		\$	0.0	00
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_	-	7,620.00 +		2,509.00	= \$ _	10,129.00
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not acify:	dep		,	,	,	in <i>Schedule</i>	e J. _+\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines							\$	10,129.00
13.	Do y	you expect an increase or decrease within the year after you file this form No.	?						Comb	ined hly income
		Yes. Explain: *In accordance with the HAVENS Act, VA Benefit divident to unsecured creditors amd it is not incl					con	ne to dete	rmine	a

Official Form 106l Schedule I: Your Income page 2

Fill	in this informa	tion to identify yo	our case:					
Deb	tor 1	Morgan P Le	vally			Ch	eck if this is:	
							An amended filing	
	tor 2	Patricia E Le	vally					wing postpetition chapter
(Spc	ouse, if filing)						13 expenses as of	the following date:
Unite	ed States Bankı	ruptcy Court for the	: DISTRI	CT OF NEW JERSEY			MM / DD / YYYY	
Case	e number 19	9-23417						
(If kr	nown)							
Of	fficial Fo	rm 106J						
		J: Your I	Exper	nses				12/15
Be a	as complete ormation. If m	and accurate as	possible. eded, atta	. If two married people and the control of the cont	re filing together, be form. On the top of	oth are eq f any addi	ually responsible fo tional pages, write y	or supplying correct your name and case
Pari		ribe Your House	hold					
1.	Is this a joir  ☐ No. Go to							
	_	s Debtor 2 live i	in a conar	ata hausahald?				
			ii a sepai	ate nousenoid:				
	■ N □ Y		st file Offici	al Form 106J-2, Expenses	s for Separate House	ehold of De	ebtor 2.	
2.	Do you hav	e dependents?	□ No					
	Do not list D Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state	tho						□ No
	dependents				Daughter		10	■ Yes
								□ No
					Daughter		13	■ Yes
								□ No
								□ Yes □ No
								☐ Yes
3.	expenses o	oenses include f people other tl d your depende	han $_{oldsymbol{\square}}$	No Yes				<b>1</b> 103
Part	t 2: Estim	ate Your Ongoi	ng Monthl	y Expenses				
exp				uptcy filing date unless y y is filed. If this is a supp				
the		h assistance and		government assistance i cluded it on <i>Schedule I:</i> \			Your exp	enses
4.		or home owners and any rent for the		ses for your residence. I or lot.	nclude first mortgag	e 4.	\$	850.00
	If not include	led in line 4:						
	4a. Real	estate taxes				4a.	\$	0.00
		rty, homeowner's				4b.		0.00
				upkeep expenses		4c.		200.00
	4d. Home	owner's associat	ion or cond	aominium aues		4d.	Ф	0.00

0.00

5. Additional mortgage payments for your residence, such as home equity loans

	otor 1 Morgan P Levally Patricia E Levally		Case num	per (if known)	19-23417
6.	Utilities:				
	6a. Electricity, heat, natural gas		6a.	\$	200.00
	6b. Water, sewer, garbage collection		6b.	\$	80.00
	6c. Telephone, cell phone, Internet, satell	lite, and cable services	6c.	\$	200.00
	6d. Other. Specify: Cell phone		6d.	\$	200.00
7.	Food and housekeeping supplies		7.	\$	800.00
8.	Childcare and children's education costs	6	8.	\$	150.00
9.	Clothing, laundry, and dry cleaning		9.	\$	150.00
10.	Personal care products and services		10.	\$	50.00
11.	Medical and dental expenses		11.	\$	100.00
12.	Transportation. Include gas, maintenance,	bus or train fare.	10	Φ.	300.00
	Do not include car payments.		12.	·	
	Entertainment, clubs, recreation, newspa		13.		200.00
	Charitable contributions and religious do	onations	14.	\$	0.00
15.	Insurance.  Do not include insurance deducted from you	ur nov or included in lines 4 or 20			
	15a. Life insurance	ir pay or included in lines 4 or 20.	15a.	\$	0.00
	15b. Health insurance		15b.		0.00
	15c. Vehicle insurance		15c.		200.00
	15d. Other insurance. Specify:		15d.		0.00
16	Taxes. Do not include taxes deducted from	your pay or included in lines 4 or 20		Ψ	0.00
10.	Specify:	your pay or included in lines 4 or 20.	16.	\$	0.00
17.	Installment or lease payments:			•	<u> </u>
	17a. Car payments for Vehicle 1		17a.	\$	0.00
	17b. Car payments for Vehicle 2		17b.	\$	0.00
	17c. Other. Specify:		17c.	\$	0.00
	17d. Other. Specify:		17d.	\$	0.00
18.	Your payments of alimony, maintenance,	and support that you did not report as	s		
	deducted from your pay on line 5, Sched		. 18.	·	0.00
19.	Other payments you make to support oth	ers who do not live with you.		\$	0.00
-00	Specify:		19.		
20.	Other real property expenses not include	ed in lines 4 or 5 of this form or on <i>Sch</i>	nedule I: Yo 20a.		0.00
	<ul><li>20a. Mortgages on other property</li><li>20b. Real estate taxes</li></ul>		20a. 20b.	·	0.00
	20c. Property, homeowner's, or renter's ins	ouranaa	20b. 20c.		0.00
				·	0.00
	20d. Maintenance, repair, and upkeep exp		20d. 20e.	·	0.00
01	20e. Homeowner's association or condomi	mium dues		*	0.00
21.	Other: Specify:		21.	+\$	0.00
22.	Calculate your monthly expenses				
	22a. Add lines 4 through 21.			\$	3,680.00
	22b. Copy line 22 (monthly expenses for De	ebtor 2), if any, from Official Form 106J-2		\$	
	22c. Add line 22a and 22b. The result is you	ur monthly expenses.		\$	3,680.00
	•	, , , , , , , , , , , , , , , , , , , ,			
23.	Calculate your monthly net income.			•	
	23a. Copy line 12 (your combined monthly		23a.	·	9,061.00
	23b. Copy your monthly expenses from line	e 22c above.	23b.	-\$	3,680.00
	23c. Subtract your monthly expenses from	your monthly income			
	The result is your <i>monthly net income</i>		23c.	\$	5,381.00
	The result is your monthly het income	•			•
24.	Do you expect an increase or decrease in				
	For example, do you expect to finish paying for you	ur car loan within the year or do you expect you	ur mortgage p	payment to incre	ease or decrease because of a
	modification to the terms of your mortgage?				
	■ No.				
	Yes. Explain here:				

Fill in this informa	ation to identify your c	ase:	
Debtor 1	Morgan P Levally		
	First Name	Middle Name	Last Name
Debtor 2	Patricia E Levally		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bank	kruptcy Court for the:	DISTRICT OF NEW JERSEY	
Case number 19	9-23417		
(if known)	·		

Check if this is an amended filing

### Official Form 106Dec

## **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	Sign Below	
Die	d you pay or agree to pay someone who is	OT an attorney to help you fill out bankruptcy forms?
	No	
	Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice  Declaration, and Signature (Official Form 11)
		Declaration, and Signature (Official Form 11
ha	t they are true and correct.	ead the summary and schedules filed with this declaration and